


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>		<b>FILED</b>  <b>99 DEC 16 AM 8: 57</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>P 98000014890</u>					
<b>1. Corporation Name</b> <u>Tapinia Imports Corporation</u>					
<b>Mailing Address</b> <u>7455 Park Springs Drive</u> <u>Orlando, FL 32837</u>		<b>Principal Place of Business</b> <u>7455 Park Springs Drive</u> <u>Orlando, FL 32837</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Mailing Address, If Applicable</b> <u>3501 W. Vine Street</u> Suite, Apt. #, etc. <u>281</u> City & State <u>Kissimmee, Florida</u> Zip <u>34741</u> Country <u>USA</u>		<b>3. New Principal Office Address, If Applicable</b> <u>10219 General Drive</u> Suite, Apt. #, etc. <u>Unit 4</u> City & State <u>Orlando, Florida</u> Zip <u>32824</u> Country <u>USA</u>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>2/17/98</u>	
		<b>5. FEI Number</b> <u>59-3512197</u>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1st	Achille Scialoja	7455 Park Springs Dr Orlando, FL 32837	Orlando, FL 32837		
				700003078517--7 -12/22/99--01075--019 ***200.00 ***200.00	
				700003078517--7 -12/22/99--01075--020 ***550.00 ***550.00	
<b>8. Name and Address of Current Registered Agent</b> <u>Achille Scialoja</u> <u>6014 Cedar Pine Drive</u> <u>Orlando, FL 32819</u>		<b>9. Name and Address of New Registered Agent</b> Name <u>Achille Scialoja</u> Street Address (P.O. Box Number is Not Acceptable) <u>7455 Park Springs Dr.</u> Suite, Apt. #, Etc. City <u>Orlando</u> State <u>FL</u> Zip Code <u>32837</u>			
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent <u>Achille Scialoja</u> Date <u>10/11/99</u> REGISTERED AGENT MUST SIGN					
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)					
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
<b>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b>					
<b>SIGNATURE:</b> <u>Achille Scialoja</u>		Date <u>10/11/99</u> Daytime Phone # <u>(407) 340-1227</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (6/94)